



**For Official Use Only:**

Notice of Claim received  
by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

## NOTICE OF CLAIM

**THE UNDERSIGNED SUBMITS THE FOLLOWING INFORMATION AND MAKES CLAIM AGAINST THE  
CITY OF DOUGLAS, AND/OR EMPLOYEE \_\_\_\_\_, AS FOLLOWS:**

**CLAIMANT INFORMATION**

CLAIMANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

**OCCURRENCE OF EVENTS GIVING RISE TO THE CLAIM**

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

GIVE SPECIFICS OF THE INCIDENT, EVENT, OCCURRENCE, ACT OR OMISSION THAT YOU CLAIM

CAUSED YOUR INJURY OR DAMAGE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE HOW OR WHY YOU BELIEVE THE CITY OF DOUGLAS OR EMPLOYEE WAS AT FAULT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF THIS WAS A VEHICLE ACCIDENT, STATE WHAT ROAD OR HIGHWAY THE ACCIDENT OCCURRED ON

\_\_\_\_\_

YOUR VEHICLE LICENSE NUMBER: \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

THE LICENSE OF THE CITY OF DOUGLAS VEHICLE: \_\_\_\_\_

NAME OF THE CITY OF DOUGLAS DRIVER: \_\_\_\_\_

WAS A POLICE REPORT FILED? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW

POLICE AGENCY INVOLVED \_\_\_\_\_

**DESCRIPTION OF PROPERTY DAMAGE AND INJURIES:**

DESCRIBE YOUR PROPERTY THAT WAS DAMAGED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOLLAR AMOUNT OF PROPERTY DAMAGE CLAIMED \$ \_\_\_\_\_

DESCRIBE THE PERSONAL INJURIES SUFFERED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOLLAR AMOUNT OF PERSONAL INJURIES SUFFERED \$ \_\_\_\_\_

(ATTACH RECEIPTS, OR OTHER DOCUMENTATION OF THE AMOUNTS CLAIMED. ATTACH MEDICAL REPORTS WHERE AVAILABLE.)

TOTAL DAMAGE CLAIMED \$ \_\_\_\_\_

**WITNESSES:**

LIST ALL WITNESSES, WITH THEIR NAME, ADDRESS AND PHONE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS OR DETAILS:**

\_\_\_\_\_

\_\_\_\_\_

**BY SIGNING, YOU VERIFY THAT THE INFORMATION PRESENTED IN THIS CLAIM IS TRUE TO THE  
BEST OF YOUR KNOWLEDGE AND BELIEF.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_